No. 300
10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34393

Registrar's No. 9163

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution pronounced dead at City hospital

~~XXXXXXXXXXXXXXXXXX~~ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4211 Gano Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JEREMIAH J. LAUGHLIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Regina Laughlin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 22, (Day) 1879 (Year)

8. AGE: Years 69 Months 7 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Book Dealer,

11. Industry or business ----

FATHER 12. Name Patrick Laughlin

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Regina Laughlin

(b) Address 4211 Gano Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date then 10-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stout

(b) Address 2117 E. Grand Blvd.

19. (a) OCT 23 1948 (Date received local registrar) J. B. Pesata (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging; when he was found hanging by a rope around his neck from a shelf-brace, in the rear of store at 121 No. 19th Street, on Oct. 21, 1948, around 3:03 P.M. (Duration)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct. 21, 1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? (e) Means of injury see above

23. Signature (M. D. or other) 3

Address Date signed 10/23/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.